THE ADMINISTRATIVE RESOURCE CENTER BUREAU OF THE PUBLIC DEBT - TRAVEL SERVICES BRANCH

RELOCATION / TRANSFER QUESTIONNAIRE

| Auth | norization Number: | - | | | |
|--|---|---|---|--|------|
| and the Figure 1 to factors where the second | he Federal Travel Regulations. Relocation Specialist will provide cilitate your relocation. ealize that you will not be able to | A travel authorization will be you with an estimate of allow of furnish exact information for | prepared by the Reloca vable reimbursements, every item at this time, | nsfer, as provided for in 5.U.S.C. 5721, et ation Specialist based on these response and any additional information required but provide your best estimates for each levelop which may affect costs such as design of the statement of the statemen | es. |
| | avel, shipment of household goo | | - | | ales |
| Park | se send your completed form ersburg, WV 26106-1328. To e el Services Branch at FAX: (30 | expedite preparation of the | | Debt, Attn: Relocation Section, fax the completed form to: | |
| 1. | Employee Name: | | SSN # : | | |
| | Work Phone: |) | FAX # : | () | |
| | Reporting Date: | | | | |
| | Office transferring to: | | | | |
| | Datiroment Dlan . | | | | |
| | Retirement Plan : Civil Service Retirement Syste | m (CSRS)· | | | |
| | Civil Service Retirement Syste | | | | |
| | Federal Employees Retiremen | | _ | | |
| | Other: | , , <u> </u> | | | |
| 2. | Employee Pay Grade and Full (This is required to ensure app Official station from which trans | ropriate Federal taxes are cal | | | _ |
| | (City) | (Count | ry) | (State) | |
| • | Danandanta Balaaatina (Coa | 0 luone ediata familio | dan awa 24\. | | |
| 3. | Dependents Relocating (Spo | ouse & immediate family und | der age 21): | Date of Birth | |
| | Name | Relationshi | ip | of Children | |
| | | | <u></u> | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | For relocating dependents o | ver the age of 21 inlease sta | ate reason for denend | ency (Fx Parents): | |
| | Name | To allo ago of £1, please ste | Reason for D | | |
| | | | | | |
| | | | <u></u> | | |
| | | | | | |

| TRAVEL TO NEW OFFI | CIAL STATION: | | | | |
|--|---|--|---|---|-----|
| (Every effort should b | e made for the emp | loyee and imm | ediate family to | accomplish travel at the same time.) | |
| a. Will you, and member | s of your immediate | e family travel to | ogether? | | |
| | | | | and mode of travel: | |
| | ned automobile (PC | | | | |
| Common ca | rrier: Air T | Train | Bus | | |
| b. If your family will be to mode of travel: | aveling separately, | give anticipate | d departure date | e, arrival date | and |
| Privately-ow | ned automobile (PC | OV) | | | |
| Common ca | rrier: Air T | Train | Bus | | |
| Please state reason w | hy it is necessary fo | or your family to | travel separate | ly: | |
| c. If driving, what is you | estimated mileage | (one way) : | | _ | |
| TEMPORARY QUARTE | RS: (ACTUAL EXF | PENSE METHO | <u>DD)</u> | | |
| the old or new duty static and \$31 for meals per da 75% of the employee rat day claims are reduced f | on. The first 30 days ay for the employee. e. Children under 1 or the employee to | s is based on the Spouse at 2 years of age 75% of the CO | ne standard COI and children 12 y receive 50% of NUS per diem ra | mporary Quarters may be utilized at NUS per diem rate of \$60 for lodging years of age and older are allowed the employee rate. Subsequent 30 ate, Spouse and children 12 years of years of age to 40% of the CONUS | |
| (Itemized r | eceipts are require | ed. Refer to th | e Relocation G | uide) | |
| | | Estimate | d | | |
| Name | Location | # of day | S | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| per diem rate (same as to of the locality rate, the sp | d expense is a one of the TDY rate) of the bouse and children (entitlement for one of | time NTE 30 da location you ar (regardless of a day times the p | ays entitlement. The being relocate Tige) will receive Tercentage each | This entitlement is based on the d to. The employee will receive 75% 25% of the locality rate. This is eligible individual is allowed, times ays allowable. | |
| (Itemized r | eceipts are NOT re | equired. Refer | to the Relocati | on Guide) | |
| Please select the me | thod of Tempora | ary Quarters | Allowance yo | u wish to receive: | |
| Temporary Quart | ers Actual Expen | nse: | | | |
| Temporary Quart | ers Fixed Expens | se: | | | |

4.

5.

If you have any further questions about which option to select, please contact the Relocation Coordinator before you make your choice. He/She will provide the calculations to help you choose your option.

| (Tamperary Storage NTE 00 days uplace | |
|--|---|
| (Temporary Storage NTE 90 days unless a. Number of bedrooms in current home: | |
| b. Anticipated date of shipment: | |
| | old official station? Approx. # of days: |
| | new official station? Approx. # of days: |
| d. Mobile home: | Thew official station: Approx. # of days |
| | which you own and will occupy as a residence? |
| | which you own and will occupy as a residence: |
| 3) Date it will be moved? | |
| o) Bate it will be moved: | |
| JNEXPIRED LEASE: * (See Below) | |
| Are permanent residence quarters current | tly being leased at old official station? |
| Will there be any penalties or expense inc | curred in connection with settlement of an unexpired lease? |
| If yes, give estimated amount | , and explain below why the expense cannot be avoided: |
| | |
| SALE OF RESIDENCE AT OLD OFFICIAL S | |
| a. Do you plan to sell your residence at your | |
| o. Type of residence: | |
| - | one or more members of your immediate family? |
| | time you were informed of your transfer? |
| · | within two years after the date of reporting to your new official |
| station? Estimated sale price of the residence: | |
| PURCHASE OF RESIDENCE AT NEW OFF a. Do you plan to purchase a residence at you for duty? | FICIAL STATION: * (See Below) our new official station within two years after the date you report |
| | |
| b. Estimated purchase price: | |
| You must complete sale inurchase and le | ease termination within two years after you report for duty at |
| • | ime has been authorized. You may be granted an extension |
| INIT DOW STATION LINIOSS AN AVIONSIAN OF TH | |
| | |
| of two additional years, however, it is the | RELOCATEE'S responsibility to request an extension BEFORE |
| of two additional years, however, it is the | |
| of two additional years, however, it is the he two years has expired.) | RELOCATEE'S responsibility to request an extension BEFORE |
| of two additional years, however, it is the he two years has expired.) ove responses are accurate and complete | RELOCATEE'S responsibility to request an extension BEFORE te to the best of my knowledge at this time. Any significant |
| of two additional years, however, it is the he two years has expired.) ove responses are accurate and complete | RELOCATEE'S responsibility to request an extension BEFORE te to the best of my knowledge at this time. Any significant |
| of two additional years, however, it is the the two years has expired.) hove responses are accurate and complete will be brought to the attention of the R | RELOCATEE'S responsibility to request an extension BEFORE se to the best of my knowledge at this time. Any significant Relocation Coordinator. |
| of two additional years, however, it is the the two years has expired.) nove responses are accurate and complete | RELOCATEE'S responsibility to request an extension BEFORE te to the best of my knowledge at this time. Any significant |
| of two additional years, however, it is the the two years has expired.) sove responses are accurate and complete will be brought to the attention of the R (Signature of Employee) | RELOCATEE'S responsibility to request an extension BEFORE se to the best of my knowledge at this time. Any significant Relocation Coordinator. (Date) |
| of two additional years, however, it is the he two years has expired.) ove responses are accurate and complete will be brought to the attention of the R (Signature of Employee) | RELOCATEE'S responsibility to request an extension BEFORE se to the best of my knowledge at this time. Any significant Relocation Coordinator. |
| of two additional years, however, it is the the two years has expired.) ove responses are accurate and complete es will be brought to the attention of the R (Signature of Employee) completion of this questionnaire, the Relo | RELOCATEE'S responsibility to request an extension BEFORE se to the best of my knowledge at this time. Any significant Relocation Coordinator. (Date) |
| of two additional years, however, it is the the two years has expired.) ove responses are accurate and complete will be brought to the attention of the R (Signature of Employee) completion of this questionnaire, the Reload Miscellaneous Expense: 2) Withholding Tax Allowance (WTA): | RELOCATEE'S responsibility to request an extension BEFORE te to the best of my knowledge at this time. Any significant Relocation Coordinator. (Date) cocation Coordinator will complete the following estimates: Individual: Family: |
| of two additional years, however, it is the the two years has expired.) bove responses are accurate and complete es will be brought to the attention of the R (Signature of Employee) | RELOCATEE'S responsibility to request an extension BEFORE te to the best of my knowledge at this time. Any significant Relocation Coordinator. (Date) cocation Coordinator will complete the following estimates: Individual: Family: |

PRIVACY ACT

In compliance with the Privacy Act of 1974, the following information is provided, Basis authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data is to determine the amount to reimburse an employee for expenses incurred in connection with permanent change of station. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.